Department of Veterans Affairs **VHA DIRECTIVE 2000-030**
Veterans Health Administration
Washington, DC 20420 **September 25, 2000**

QUALITY ASSURANCE EXTERNAL PEER REVIEW PROGRAM (EPRP)

1. PURPOSE: This Veterans Health Administration (VHA) Directive maintains the External Peer Review Program (EPRP) as a system-wide program contracted to an external vendor.

2. BACKGROUND

a. VHA operated its own internal peer review organization from 1985 through March 1, 1991. A Medical District Initiated Peer Review Organization (MEDIPRO) Board composed of physicians from medical centers assigned to 1 of 27 districts, specified topics, developed criteria and managed the review process and the flow of information to and from the medical centers. As a decentralized program, the topics and criteria selected varied among medical districts; system-wide assessment and performance comparison were not possible, and there was a lack of objectivity.

b. Circular 10-90-104, provided interim policy guidance for a transition from MEDIPRO to VA Peer Review Organization (VAPRO); Circular 10-92-129, abolished VAPRO and provided preliminary information regarding EPRP's function as an integral component of facility, Network, and VHA Headquarters quality management programs. Directive 10-95-008 established the EPRP program with the following objectives:

(1) Provide medical centers and outpatient clinics with diagnosis and procedure-specific quality of care information for use as a part of their quality management program;

(2) Identify and pursue opportunities for improvement in the quality of care system-wide and at individual VA facilities in accordance with the philosophy of continuous quality improvement;

(3) Identify and acknowledge the quality of care provided; and

(4) Establish a database for the analysis and comparison of individual facility patterns of care.

3. POLICY: It is VHA policy that a national EPRP be implemented in all VA medical facilities under a contract with an external quality review vendor.

4. ACTION

a. The EPRP is a contracted review of care, specifically designated to collect data to be used to improve the quality of care delivered. As such, EPRP can generate documents protected by Title 38 United States Code (U.S.C.) § 5705 and the implementing regulations. Records protected by that statute and its implementing regulations may not be disseminated or released except as authorized by that statute and its implementing regulations. Documents generated by

EPRP are to be marked and handled as required by the regulation governing medical quality assurance records subject to 38 U.S.C. § 5705 and any other applicable confidentiality statutes, namely the Privacy Act, 5 U.S.C. § 553, 38 U.S.C. § 5701, and 38 U.S.C. § 7332.

b. Directors are to identify an EPRP Liaison to coordinate the details of the review at each VA facility.

c. Cases for review (randomly selected from a national database) are identified by the Office of Quality and Performance, VHA Headquarters, and forwarded to the contractor who will notify each facility of the cases to be reviewed. Every effort will be made to provide the facility with at least two weeks notice of the upcoming abstractor visit.

d. Abstractors, employed by the contractor, will visit each facility on a regular basis to review medical records, both paper and electronic, using explicit criteria. Identified records should be available for the abstractor upon arrival at the facility. For Privacy Act purposes, abstractors will be given access to those records pursuant to Routine Use 38 of VA System of Records 24 VA136, titled "Patient Medical Records-VA." Contractor personnel who need to have access to patient medical records concerning the diagnosis and treatment for sickle cell anemia and substance abuse, and the diagnosis, testing and treatment for the human immunodeficiency virus in order to perform their duties under the contract will have access to those records under 38 U.S.C. § 7332(b)(2)(B).

e. Appropriate workspace, including a small secure area in which to store diskettes, etc., a telephone and convenient access to a power supply must be provided. Necessary security identification should be provided to allow the abstractors access and movement throughout the facility. Access to the electronic records as well as to copying machines are also required. Copies of the medical records are the property of VA and will be handled in accordance with requirements of the Privacy Act 38 U.S.C. § 5701 and VA's regulations implementing both statutes, and where applicable, § 7332. The contractor is prohibited from releasing records or any data collected, maintained, or derived as a result of work performed under this contract to any person or organization other than VHA. All requests for records or any data collected, maintained, or developed as a result of the work performed under this contract will be directed to the Office of Quality and Performance (10Q), VHA Headquarters.

f. Prior to leaving the facility, the abstractor will conduct an exit conference with the Director, Chief of Staff, Quality Manager, and others designated by the Director to discuss preliminary findings of the review.

g. If individual case reviews are conducted, data which indicate care may be inconsistent with pre-established criteria or standards will be forwarded by the abstractor for review by the contractor's peer review panel. The peer review panel will make a determination from the abstracted record or, if necessary, from a review of the full medical record. Any negative determinations and/or reports identifying opportunities for improvement will be made only after considering explanatory comments from the VA facility. These comments will be provided to the contractor's peer review panel promptly following receipt of the request. The contractor will use a panel of non-VHA physicians, representing general and specialty societies, to review selected cases.

h. The contractor will conduct a survey every two years to provide each facility an opportunity to evaluate the program and make recommendations as to how the processes can be improved.

NOTE: *A subgroup of the VHA National Performance Management Workgroup will serve as the advisory panel to the Office of Quality and Performance to ensure continuity of programmatic intent.*

5. REFERENCES: None.

6. FOLLOW-UP RESPONSIBILITY: Chief Officer, Quality and Performance Office (10Q) is responsible for the contents of this Directive.

7. RESCISSIONS: VHA Circular 10-95-008 is rescinded. This Directive expires September 30, 2005.

S/ Melinda Murphy for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

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